

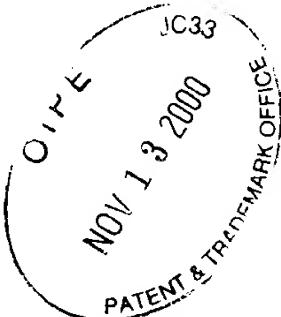


UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/661,902	09/14/2000	Yong Ding	20752-1

PRAXAIR TECHNOLOGY INC
Law Department M1-557
39 Old Ridgebury Road
Danbury, CT 06810-5113



FORMALITIES LETTER



OC000000005533354

Date Mailed: 11/06/2000

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

A copy of this notice MUST be returned with the reply.

[Signature]
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

S-11

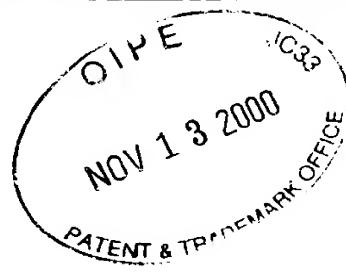
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Filed: 9/14/2000

Serial No.: 09/661,902

Inventor(s): Yong Ding

Title: POLYIMIDE GAS SEPARATION MEMBRANES



COMPLETION OF PATENT APPLICATION UNDER 37 CFR 1.53(d)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Attn: BOX MISSING PARTS

Sir:

Transmitted herewith for completing the filing of this application is/are:

Declaration executed by the inventor(s).
 The filing fee, calculated as follows:

FOR	(Col. 1) No. Filed	(Col. 2) No. Extra	Rate	Fee
Basic Fee			710 =	\$ 710
Total Claims	- 20 =	*	x 18 =	\$
Independent Claims	- 3 =	*	x 80 =	\$
<input type="checkbox"/> Multiple Dependent claims presented			+ \$270 =	\$
* If the amount in Col. 1 is negative, enter "0" in Col. 2			FILING FEE	\$
<input checked="" type="checkbox"/> Surcharge as set forth in 37 CFR 1.16(c)				130
			TOTAL	\$ 130

Charge \$130.00 to Deposit Account No. 16-2440 for this filing fee/surcharge. A duplicate copy of this sheet is enclosed for this purpose.

Please charge any additional filing fees/surcharge which may be required by this paper, or credit any overpayment, to Deposit Account No. 16-2440. A duplicate copy of this sheet is enclosed for this purpose.

Also transmitted herewith is/are:

Formal Drawing(s) _____ sheet(s)

Respectfully submitted,

Robert J. Follett

Our Ref.: D-20752-1
Danbury, Connecticut 06810-5113
Date: 11/10/00
Telephone No.: (203) 837-2363

Attorney for Applicant(s)

Reg. No. 39566

Robert J. Follett